absence of fluid. This usually takes about two weeks. It is then safe to switch to the oral route of administration, as was done in the case reported here. Oral antibiotic therapy should be continued until the cavity wall is thin and the surrounding infiltration has disappeared. This schedule is arbitrary, but is based upon experience that clinical relapse occurs when treatment is stopped too early. The total duration of antibiotic therapy is usually 6 to 12 weeks.

Currently, surgical operation is rarely carried out. If the patient has a residual cavity at the cessation of antibiotic treatment, it will gradually close with time. Massive hemoptysis is an indication for surgical intervention in patients with acute lung abscess. In patients with chronic manifestations, indications for surgical intervention are similar to those for chronic bronchiectasis: resection is done only if recurrent or massive hemoptysis or recurrent infections are present that are disabling to the patient's way of life.

In summary, antibiotics have totally transformed the prognosis of pyogenic lung abscess from a disorder with a mortality of 40 to 75 percent to one with a relatively good prognosis. In the past, patients who did not die were often victims of long-term chronic suppurative sequelae and surgical operation was frequently necessary. Now, well over 90 percent of the patients can be treated successfully by medical means alone. The most important cause of lung abscess, at least in the San Francisco Bay Area, is anaerobic infections. This is especially true when the abscess is acquired outside the hospital. Despite the lack of response in the patient reported here, penicillin remains the drug of choice.

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Informed Consent for New Surgical Procedures

The critical aspect . . . about any new technique is the importance of informed consent. The patient should know something about the procedure and know that the procedure is new. The patient should know something about the potential value of the procedure and why the procedure is being used rather than a standard or an old procedure, which once was used for the same thing. The early or long-term results should be discussed and the patient should be given some choice in the use of the new technique or an older one. . . . The difficulty, I think, is when you get into new surgical procedures where you are doing a prospective study of one or more procedures and where the surgeons and physicians involved do not know which of the two procedures might be better. In this situation, we do not know which is the best procedure and we have to try to explain this to the patient, remembering the principle of medical ethics: . . . that a patient who is to receive an investigational drug shall be told the nature, purpose, and possible side effects of the drug . . . .

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